

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
BOARD OF OSTEOPATHIC REGISTRATION

FEES: Examination \$35.00
Reciprocity \$75.00

LOS-01 (8/70)

Make check or money order payable, in U.S. currency,
to: STATE OF MICHIGAN - OSTEOPATHY

AND EXAMINATION
1033 So. Washington Ave., Lansing, Michigan 48926

APPLICATION FOR CERTIFICATE OF REGISTRATION

Please Type or Print. Attach additional sheets, if necessary.
You will be notified by mail of examination dates.

JUL -8 17 74394451 ***75.



SEX ☒ Male ☐ Female
DATE OF BIRTH (mo., day, yr.) 6-26-47
Social Security No. [REDACTED]
TELEPHONE NO. 477-3938
ARE YOU A UNITED STATES CITIZEN ☒ Yes ☐ No

NAME (Last, First, Middle) Rosenthal Alan Steven
ADDRESS (No. and street, city, state, zip code)
21347 Calwell Apt 22
Farmington Hills Michigan 48024
IF "NO", HAVE YOU DECLARED YOUR INTENTION TO
BECOME A U.S. CITIZEN ☐ Yes ☐ No

PLACE OF BIRTH (City, state)
New York City, New York

WHERE DO YOU INTEND TO LOCATE?
Michigan

A. EDUCATION (ENCLOSE PHOTOSTATIC COPY OF DIPLOMA FROM OSTEOPATHIC COLLEGE WHERE YOU GRADUATED)

	Name of School	Address of School	Dates Attended		Graduation Date	Type, and date of Degree Granted or Credits
			From	To		
HIGH SCHOOLS	North Miami Senior High School	Pioneer Blvd, North Miami, Florida	1962	1965	June 1965	XXXXX
Pre-Osteopathic Colleges	Tulane University	New Orleans, Louisiana	1965	1969	May 1969	B. A.
Osteopathic Colleges	Kansas City College of Osteopathic Medicine	Kansas City, Missouri	1969	1973	May 1973	D.O.

OTHER DEGREES
NONE

POST GRADUATE (List Courses)
NONE

B. TRAINING

	Name of Hospital	Address of Hospital	Dates Attended	
			From	To
INTERNE	Frederic - Rotbard Osteopathic Hospitals Inc.	28050 Grand River Ave, Farmington Hills, Michigan 48024	July 1, 1973	June 30, 1974
RESIDENCY				

C. EXPERIENCE

Names and Addresses of Places Where You Have Practiced	Address	Dates Practiced	
		From	To
NONE			
NONE			

* D. OSTEOPATHIC LICENSES HELD

Name of State Issuing License	Names of References in State (Give two for each state)	Addresses of References
Tennessee	① C H Threlkeld Jr D.O.	C. H. THRELKELD, JR., D.O. 5144 WALNUT GROVE RD. MEMPHIS, TN. 38117
	② Paul Grayson Smith, D.O.	PAUL GRAYSON SMITH, D.O. BOX-390 PIKEVILLE, TN. 37367

REFERENCES (List two practicing osteopathic physicians)

NAMES	ADDRESSES
Louis Spagnuolo D.O.	2850 Grand River Ave Farmington Hills Michigan 48334
Earl Hecker D.O.	2850 Grand River Ave Farmington Hills Michigan 48334

F. OSTEOPATHIC OR MEDICAL SOCIETY MEMBERSHIP

Name	Address	YES	NO
American Osteopathic Association	212 East Ohio Street Chicago, Illinois 60611	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Michigan Association of Osteopathic (Reading) Physicians and Surgeons	33100 Freeden Road Farmington, Michigan 48334	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Are you addicted to the use of intoxicants or narcotics?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you ever been refused examination by any state healing arts licensing board?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have you ever failed examination given by any licensing board?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been charged with, or convicted of a crime of the grade of felony or misdemeanor involving moral turpitude?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you ever had a license to practice any method of the healing art revoked for any cause?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are you now, or have you ever been directly or indirectly associated with an advertising physician, or an advertising osteopathic or medical office?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been rejected for membership by an Osteopathic Society?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Does your physical condition prevent you from satisfactorily practicing osteopathy?		<input type="checkbox"/>	<input checked="" type="checkbox"/>

IF ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, EXPLAIN FULLY, GIVING DATES, LOCATIONS AND CIRCUMSTANCES.

9. Do you understand that if issued the license asked for, it will be on the truth of the statements contained herein, which, if false, will subject you to criminal prosecution?

Yes ☒ No ☐

J. APPLICANT'S OATH

State of Michigan County of Oakland

I, Alvin R. Klebs, hereby certify under oath that I am the person named on this application for license to practice osteopathic medicine and surgery in the State of Michigan: That all statements I have made therein are true; that the enclosed photo is a true one of me, and was made within the last sixty days; that, in consideration of the issuance to me of a license to practice osteopathic medicine and surgery in the State of Michigan, I hereby swear that I shall abstain from unethical advertising, as interpreted by the code of ethics of the American Osteopathic Association or the Michigan Association of Osteopathic Physicians and Surgeons, deceptive and fraudulent methods of practice and from the immoral, unprofessional and unethical conduct, and I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of the said license and the withdrawal of the rights and privileges that accrued to me thereunder.

Subscribed and sworn to before me this 2nd day of July, 1974
 Signed Alvin R. Klebs
 (Notary's Seal)
 Notary Public in and for Oakland County, Michigan
 My Commission Expires March 13, 1977

INSTRUCTIONS TO APPLICANTS

This application is a permanent record, write legibly. This application will not be received for examination unless Oath is sworn to.

This application must be accompanied by: (1) a fee of \$35.00 for examination, \$75.00 for reciprocity; (money order, draft or certified check payable in U.S. currency to State of Michigan - Osteopathy); (2) a recent (within 60 days) mounted photo not to exceed 2" by 2". Signature of applicant must be written across bottom of photo; (3) if reciprocity, a photograph or Photostatic copy of diploma and State license.

Dates of examination will be furnished by the Secretary.

A certified photograph or photostatic copy of diploma must be presented to the Secretary before starting examination.

Name -----
 Address -----
 Fee Received ----- For ----- Date -----
 Examination ----- Date -----
 Re-Examination ----- Date -----
 Certificate granted by Board (Date) ----- Date license issued -----
 Certificate No. ----- Date of interview -----
 Certificate sent by -----, Secretary

BOARD MEMBERS

1. ----- President
 2. ----- Secretary

ROSENTHAL, ALAN STEVEN

LICENSE NO.
R-6626

BIRTHDATE
6/26/47

COLLEGE ATTENDED
KCCOM

ADDRESSES 21347 Colwell, Apt. 22
Farmington Hills 48024

GRAD. DATE
1973

LIC. DATE
8/9/74

RECIPROCITY STATE
Tennessee/Kentucky

EXAMINATION

Date _____

Yr.

P.G. Credit

SCORES

**Average
Anatomy**

Bact.

Chem.

Diag.

E. Ent.

Embry. & Hist.

Gvtn.

H. V. & P. H.

Med. Juris

Neuro Neuropsych

Ch

D. J.

Pad

Phy-

Drin. 8. Dec

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10x. & Fluid in

Urol. & Syph.

DEPT. OF LIC & REG.
OSTEOPATHIC HISTORY CARD

LOS-80 (10/69)

☐ Complaints, Invest, etc.
on reverse side.

Continued on reverse side.